

TRAVEL EXPENSE REPORT

Children's Hospital Boston



Please refer to Children's Hospital Travel Policy stored under Intranet/Workspace/Finance/Travel Policy, which has guidelines that apply to all business travel.

Traveler Name	Jennifer Zilk	Employee ID #	[REDACTED]
Mailing Address	Ext. 50400		
City	Carisle	State	MA Zip 01741
Department	Developmental Med		
Purpose of Trip	Position Research Asst. CNS meeting in Chicago		
Destination	Chicago, IL	Date of Departure	3/31
(City / State / Foreign Country)	Date of Return 4/3		
EXPENSES (Please attach original receipts & itemized bills)			
Transportation - Air - Between _____ and _____ Round trip	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ 557.20
Airline Ticket Class:			
Other (specify)			
Lodging (specify gratuities)			
Meals (actual cost up to daily maximum)	125.00		
Seminar / Meeting fees	CNS meeting		
Other expenses (itemize ground transportation, etc.)	CNS meeting cost 65.00		
Traveler's Signature	Date	Total Expenses	\$ 747.20
		Total Authorized	\$ 747.20
4/9/12		Grand Total Trip Expense (Prepaid & Paid by Employee)	\$ -
		Less: Advance Received / Prepaid	\$ -
		Amount Due to/from Employee	\$ 747.20

CHARGE TO:

BUSINESS UNIT (GENPD, IDEFD, RSTFD, MEDCR, WALMC)	ACCOUNT	DEPT. ID	PROJECT ID	PRODUCT	AMOUNT
RSTFD	715010	41240	70289	01	\$ 747.20

APPROVALS If this travel is being charged to a sponsored research fund or other grant, contract or written agreement, the PI's or authorized administrator's approval signature is certification that the traveler has worked on this project and that the trip is appropriate to the project.

	SIGNATURE	PRINT LAST NAME	EMPLOYEE ID #	DATE
Manager			6 DIGIT	
Director				
Vice President				
Restricted Funds (RSTFD/IDEFD)	GAB	127618	4/5/12	

03B70 2/08 25/PKG

747.20

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290600380000550001



Citi® Platinum Select® Card



Account Activity
Jan 07-Feb 07, 2012

Minimum Payment Due: New Balance:
\$22.00

Payment Due Date:
03/03/2012

Late Payment Warning: If we do not receive your minimum payment by the date listed above, you may have to pay a late fee of up to \$35 and your APRs may be increased up to the variable Penalty APR of 29.99%.

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1-800-950-5114

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Customer Service
BOX 6500
SIOUX FALLS, SD 57117

Account Number **** * 8101



Summary of Account Activity

Previous Balance	
Payments	
Other Credits	\$0.00
Purchases	
Cash Advances	+\$0.00
Fees Charged	+\$0.00
Interest Charged	+\$0.00
New Balance	

Extra Cash from Citi

Extra Cash from Citi Member ID 864815763898

Extra cash transferred to your Extra Cash from Citi Account: **149.15**

Full details can be found in the Extra Cash from Citi Summary section of this statement.

Payments, Credits and Adjustments

Sale	Post	Description	Amount
	01/30	PAYMENT THANK YOU.	

Standard Purchases

Sale	Post	Description	Amount
01/07	01/07	PAYMENT SERVICES TRIP 01/07/2012	
01/08	01/08	SAT 0128 CSC 01/08/2012 MA	
01/11	01/11	STATE TREASURY OPER 01/11/2012 MA	
01/12	01/12	PURCHASES 01/12/2012 MA	
01/15			
01/13	01/13	UNITED AIR 0052186765570 HOUSTON TX	278.60
01/13	01/13	UNITED AIR 0052186765571 HOUSTON TX	278.60
01/15	01/15	NEW ENGLAND CONSERVATORY 117 FIFTH AV MA	
01/16	01/16	CCP CAR AL 01/16/2012 MA	
01/17	01/17	STATE FARM 01/17/2012 MA	
01/18	01/18	WHATABURGER 200 026 01/18/2012 TX	16.66
01/19	01/19	MEISTER 01/19/2012 SOMERVILLE MA	16.66
01/23	01/23	THE COOP 01/23/2012 LEXINGTON MA	27.60
01/27			
02/01	02/01	BSC DAVID JR 01/28/2012 MA	70.00
02/02	02/02	CC PAYMENT 02/02/2012 800-988-1033 CA	
02/02	02/02	726815 MA	

CH	BUSA	ME	RS	APR	Mana	Direct	Vice P	Restrict (RS/TF)
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02/02 2/08 25/PKG

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I wanted to thank you for all the purchases I made for
the Cognitive Function Study.
I am looking forward to your future business.
Please let me know if you have any questions.
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to contact us.

195.00



